

**INSTRUCTIONS ON REVERSE SIDE**

# RECALL PETITION

- City
  - Township
  - Village of
- CHECK ONE

We, the undersigned registered and qualified voters of the Scio } in the County of Washtenaw, and State of Michigan, petition for the calling of an election to recall Will Hathaway from the office of Supervisor for the following reason(s):

Supervisor Hathaway has: (Name of Officer) (Title of Office) (District, if Any)  
 1) consistently ignored the Open Meetings Act by curtailing residents' right to participate remotely in Scio Township's public meetings; 2) met with proponents of a neighborhood Special Assessment District without opponents present which resulted in pitting neighbor against neighbor; 3) censured Public Comment at Township meetings; 4) denied select Board members their right to participate in Board discussions/debates during public meetings; and 5) bypassed the Township Compensation Commission and doubled his yearly salary to \$72,000 for the part-time position to which he was elected. This matter is currently under litigation.

← FOR CLERK'S USE ONLY

**WARNING - A PERSON WHO KNOWINGLY SIGNS A RECALL PETITION MORE THAN ONCE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.**

✓	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					MONTH	DAY	YEAR
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

WASHTENAW COUNTY, MI  
FILED 2021 OCT 4 AM 9:02

LAWRENCE KESTENBALIM  
COUNTY CLERK / REGISTER

**CERTIFICATE OF CIRCULATOR**

The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence and was not obtained through fraud, deceit or misrepresentation; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the City or Township listed in the heading of the petition, and the elector was qualified to sign the petition.

If the circulator is not a resident of Michigan, the circulator shall make a cross [X] or check mark [v] in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the Secretary of State or a designated agent of the Secretary of State has the same effect as if personally served on the circulator.

**WARNING - A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.**

**CIRCULATOR — DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.**

(Signature of Circulator) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

(Printed Name of Circulator) \_\_\_\_\_

(Complete Residence Address [Street and Number or Rural Route]) - [Do not enter a post office box] \_\_\_\_\_

(City or Township, State, Zip Code) \_\_\_\_\_

(County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan) \_\_\_\_\_

**TO BE COMPLETED BY CITY OR TOWNSHIP CLERK**

Check the registration of each person whose name appears on the reverse side of this petition sheet **whose name is not coded** in the left-hand column.

If the person was registered to vote in your City or Township on the date he or she signed the sheet, place a check mark before the person's name.

If the person was not registered to vote in your City or Township on the date he or she signed the sheet, enter "NR" (not registered) before the person's name.

If the address listed by the person does not fall within your City or Township, enter "NC" (not in community) before the person's name.

Complete the following certificate after making the registration checks:

I hereby certify that the total number of persons whose names appear on the reverse side of this petition sheet who I identified as being registered in my City or Township on the date of signing the petition sheet is: \_\_\_\_\_ (Enter Number)

\_\_\_\_\_  
(Signature of City or Township Clerk)  
 City or  
 Township of \_\_\_\_\_  
(Name of City or Township)

**READ BEFORE CIRCULATING PETITION**

The validity of signatures placed on this petition may be affected if the following is not observed. Complete the heading of the petition before circulating it.

- Enter the city, township, or village and county where the petition will be circulated. Indicate whether the jurisdiction listed is a "city", "township", or a "village." Do not list more than one city, township, or village.
- Enter the officer's complete name and the office he or she holds. Include the district number of the office if there is one.
- Enter the reason(s) why the recall election is being sought. The language entered must be exactly as approved by the County Election Commission or Board of State Canvassers.

**Make sure that all signers properly complete the petition.**

- Each signer must be registered to vote in the city, township, or village listed in the heading.
- Each signer must sign and print his or her first and last name.<sup>1</sup>
- Each signer must enter his or her full address. A rural route number is acceptable. A post office box is not acceptable.
- Each signer must enter his or her Zip Code.<sup>2</sup>
- Each signer must date his or her signature with the month, day and year.

**Complete the circulator's certificate after circulating the petition.**

- Sign and print your full name and enter the month, day and year.<sup>1</sup> Signatures on the petition which are dated after the date on the circulator's certificate are invalid.
- Enter your complete residence address (street and number or rural route — do not enter a P.O. Box), city or township, state, and zip code.<sup>2</sup>
- If you do not reside in Michigan, enter your county of registration if you are registered to vote in your home state, and make a cross or check mark in the box that precedes the final paragraph of the circulator certificate statement on the left side of the form.

**Circulate the petition properly.**

- Do not fail to question signers on their city or township of registration.
- Do not complete the heading of the petition after signatures have been affixed on the petition.
- Do not fill in a signer's address or a signer's signature date. Both entries must be in the signer's own handwriting. Ditto marks are not acceptable in these two entries.
- Do not leave the petition unattended.

<sup>1</sup> The failure of the circulator or an elector who signs the petition to print his or her name or to print his or her name in the proper location does not affect the validity of the circulator's or signer's signature. However, a printed name located in the space designated for printed names does not constitute the signature of the circulator or elector.

<sup>2</sup> The failure of the circulator or an elector who signs the petition to enter a Zip Code or to enter his or her correct Zip Code does not affect the validity of the circulator's or signer's signature.



**RECEIPT FOR RECALL LANGUAGE SUBMISSION**

I, Trish Reilly, HEREBY CERTIFY THAT ON  
10/4/2021, THE OFFICE OF THE WASHTENAW COUNTY  
CLERK/REGISTER DID RECEIVE LANGUAGE DELIVERED BY  
David Read FOR THE RECALL OF Will Hathaway FROM  
THE OFFICE OF Supervisor - Scio Twp.

David Read 10.4.2021  
Signature of Petitioner Date

DAVID S READ  
Printed Name of Petitioner

713 MERLIN WAY, Dexter MI 48130  
Voter Registration Address of Petitioner

\_\_\_\_\_  
Email Address of Petitioner

\_\_\_\_\_  
Phone Number of Petitioner

WASHTENAW COUNTY, MI  
FILED 2021 OCT 4 AM 9:06

For Clerk/Register use only:		LAWRENCE KESTENBAUM COUNTY CLERK / REGISTER
<u>PK</u> Received By	<u>10/4/2021</u> Date	
**Petitioner has been verified as a registered voter within the district of the candidate for which recall language is being submitted <input checked="" type="radio"/> YES <input type="radio"/> NO		